Hospice of Cincinnati

Experience. Compassionate. Caring.℠

RESPECTING DIVERSITY

A Guide for Addressing the Unique End-of-Life Beliefs and Cultural Perspectives of Our Patients and Their Families.

FOREWORD

"Diversity is the one true thing we all have in common. Celebrate it every day."

—Unknown

At Hospice of Cincinnati we celebrate diversity everyday and in every way. We are a tapestry of cultures, religions, ethnicities, not only as a workforce and volunteers, but in the families we serve.

The Hospice of Cincinnati Diversity Directory serves as another vehicle to promote, educate and share the diversity that reflects our community. The ethnicities, genders and religions listed herein are part of that fabric which mirrors our rich and vibrant region.

Our goal is to offer compassionate care delivered by knowledgeable and specially trained staff with years of experience in providing dignity and respect to patients and their families at the end-of-life.

PLEASE NOTE:

The information contained herein was compiled from diversity resources and by individuals knowledgeable about a specific culture. We will seek, acquire and gain new knowledge of these and other cultures so we can continually update this directory.

We caution you to never assume the information contained in this publication is absolute and final for all people in a race, religion or gender. Balance this information by asking each individual to confirm their preferences and personal wishes. Do not stereotype or generalize because you think someone fits into one of these categories. Please take the time to respectfully listen, ask and learn what matters most to the patient and family.

WHY A DIVERSITY DIRECTORY

The world is getting smaller everyday and our region is becoming more diversified than ever before with in race, ethnicity, religions and language. Unfortunately, critical cultural and relevant information isn't asked of patients and families or shared with caregivers. This may result in feelings of exclusion at the worst possible time.

When a family is facing an end-of-life scenario, we want to make sure caregivers are trained to handle the needs varying cultures may present.

By asking race, ethnicity, language and cultural preferences and clarifying information, we are prepared to deliver the most comprehensive, coordinated care through kindness, compassion and understanding.

We Ask Because We Care

What is your race?
We respectfully ask this because it allows us to understand the patient's culture and design the best personalized care based on their individual needs.

What is your ethnicity?
We want to understand what really matters to the patient in terms of traditions and beliefs. Learning ethnicity allows us to provide the best care possible.

What is your preferred language?
We want to communicate with the patient and family in a way that makes them feel comfortable and allows them to understand and ask questions about their care.

We want this directory to foster conversations of inclusion and dialogue that is shared across all care areas to ensure the best in end-of-life care and support.

Note: An online PDF version of this guide can be found at **hospiceofcincinnati.org/diversity**

This guide will be updated regularly and the latest version will be available in the online PDF version.

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MISSION

Hospice of Cincinnati creates the best possible and most meaningful end-of-life experience for all who need care and support in our community.

VISION

Through the leadership of Hospice of Cincinnati, our region embraces the value of end-of-life care and planning, and relies on HOC for the highest quality end-of-life and bereavement services. We are recognized for providing compassionate physical, emotional and spiritual care in an atmosphere of sensitivity and respect.

VALUES

Compassion
Respect
Excellence
Teamwork
Stewardship
Inclusion
Integrity
Patient/Family Centered

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AFRICAN

Africa is a vast continent of many peoples, groups and cultures. It would be virtually impossible to have one perspective that would be branded as "African." Every country has its unique demographics, and each community has its own distinct cultural practices and tastes. For instance, Kenya in East Africa is just one out of 53 African countries. It is about the size of Texas and within it are 42 ethnic communities with different languages, cultural practices, and world views. Each of these groups has their own cultural views on life, sickness and disease and, eventually, end-of-life dynamics.

Just for comparison, Nigeria (the most populous country in Africa, with a sixth of the continent's population) has over 250 ethnic groups.

END OF LIFE

For most African communities, life is seen as sacred and a gift from God or the Supreme Being. There is also a view of life being unending and hence the term 'end-of-life' could be an offense to some of the African communities.

Death is seen more as a transition than an end. It is the person continuing to the world of the ancestors and joining the 'larger family' in the world of the 'departed.'

There are often key family members and/or opinion leaders who have more access and closeness to family members. It is these people who should be told first about critical health information and death. They normally will follow to inform family members.

The period of mourning is accelerated once the person has died. Family members, friends and neighbors will continue to visit the bereaved family. There is sharing of gifts and foods. Different cultures have varying ways of handling themselves during this period, but it is generally a time to offer support and provide company.

For most African communities, there is rarely a 'closure' per se. The deceased person is said to still live 'among us.' Their name is mentioned and there will be children named after the deceased. The feeling of

AFRICAN

continuity is seen and felt as the person is referenced in future family conversations and special days.

RELIGION & BELIEFS

A vital consideration is the fact that Africa has a variety of religious preferences which should be remembered in individual cases.

Statistics may vary, but the faith and practice in the continent is as follows: Christianity 50%, Islam 40%, ATR (African Traditional Religions) 10%.

There are regional concentrations of each faith, but these are basic considerations on the continental scale.

Death, for many people is considered as a journey and hence it is announced as such. In one community they will say 'So-and-so has gone …'

CULTURAL RELEVANCE

It is considered of high importance for those left behind to be on good terms with the deceased. There is a great effort to be in touch with the ailing one and be kind and generous to them to ensure that they don't die with any unresolved issues.

Widows are expected to mourn for a year and children who have suffered the loss of a parent are expected to mourn for three months.

In some communities, varying expectations will be sought for family members—these may include shaving off all hair as a sign of mourning, some special dress codes and abstinence from all form of pleasure until the deceased is buried.

Many will want to know about the last moments of the deceased and they will offer condolences and give money and other forms of support toward burial.

There is a certain wailing which 'announces' that a family member has 'left us.' This is a way to inform neighbors and also to make the departing person know that they are mourned. The practice varies, but it

AFRICAN

is common-place and is accompanied by varying drama. It may be done anywhere from a hospital room, to a village when someone receives the information that a dear one has 'departed.'

COMMUNICATION STYLE

It is generally wise to understand the family dynamics as a medical caregiver discusses these matters with family. Immediate family members (spouse and children) are 'protected' from any information that may 'affect them' suddenly. There is an effort to 'protect' them so.

With due consideration to HIPAA regulations, a medical caregiver should seek to know from the beginning who is the 'family spokesperson.' Once this person is provided, they should guide the best manageable way for the 'flow' of information.

It will still be relayed to the concerned person, but the style and timing of the way this is done is very important. There can be a clash of values with medical personnel who may be hasty in passing the information, or using cold, blunt words like 'He is dead …'

Information about death is sensitive and the need to understand 'the family protocol' is important. It is helpful to do this wisely and conscientiously since blunders that may occur can take a long time to be erased.

AFRICAN AMERICAN

END OF LIFE

There may be many barriers for choosing hospice at the end of life:

- **Trust Barriers:** Lack of trust in the health care system and feelings of rationalization in resource allocation to the African American patient and community. Because of past medical experiments using them as test subjects like the Tuskegee syphilis research project, older adults may fear they are being used in a similar manner.
- **Heightened Personal Responsibility:** There is a strong belief that close family must be the providers of end-of-life care.
- **Economic Barriers:** Misperceptions that care may be unaffordable, and they may have less access to insurance coverage and are too proud to explore charity care.

African Americans are reluctant to remove life-sustaining devices based on the expectation of God performing a miracle for the patient to live. They may also have some resistance to signing DNR and agreeing to hospice care due to the perception that is giving up versus speaking up and, not trusting God.

In the event of death typically the main contact (varies) will be notified. Also a pastor or a number of different (second) family members will be contacts and in some cases, close friends who are considered family. Keep in mind that there is a great diversity in the African and African-American communities and that "family" may be defined in multiple ways.

Autopsies are individual decisions that vary from family to family and each family may see autopsy differently. If they perceive the death was rushed or suspicious they may want to request one for peace of mind.

RELIGION & BELIEFS

You may need to make allowances for religious elements as well as gospel music playing around the clock. There may be varying fragrances and oils as well depending on the depth of that family's spiritual relationship.

AFRICAN AMERICAN

Some patients, typically African American females, are very prideful about their looks during this time; make-up and jewelry may be a vital part of their daily ritual and self-worth. It can be very offensive to suggest they do without it and may damage the patient-caregiver relationship.

Clergy should be considered as a possible support for patient and family alike. Faith and beliefs in miracles will affect health care decisions and to try and talk those out of incorporating that into the decisions can have an adverse effect on patient-family trust.

Most, but not all African Americans have a relationship with clergy and they were probably in the loop prior to their contact with hospice care. The respectful thing to do is ask them if they want the pastor or church notified and/or kept up to date. But you must also explain the HIPAA laws with respect to giving information to non-family.

You may experience praying a little louder than other cultures and races as African Americans believe in the power of prayer. You may also be asked to join in the prayer as they believe in asking God to assist anyone who comes in contact with their family member. It varies from family to family and it will be very evident if there are some special requests, especially on Sundays which is considered a special time of worship throughout the day.

CULTURAL RELEVANCE

Remember that spiritual care and concern should be addressed. Patients may have many misgivings, questions, and struggles during this time; be aware and considerate. It is inappropriate to suggest that grief should be resolved within a specific time frame and/or manner.

Typically very religious families don't want any numerical information where the numbers "666" appear together as it is considered akin to the devil.

Note that they may be reluctant to participate in care conferences and or medical team meetings due to lack of trust of the healthcare system.

AFRICAN AMERICAN

COMMUNICATION STYLE

The preferred communication style is typically direct and in person or on the phone. Leaving a message about a family member's illness or condition can sometimes be interpreted as disrespectful and an inappropriate way of sharing information.

African Americans are very expressive with words, body language and greetings. There is lots of touching and hugging and that can extend to the caregivers as well. It is an acknowledgment of trust and belief that you are giving their loved one the best care possible.

URBAN APPALACHIAN

END OF LIFE

It is not unusual for the patient to experience a vision or life-like dream a day or two or just hours before death. Typically even an unresponsive patient will rally to share the vision with the family. These are not hallucinations. They are vivid experiences with messages of comfort. They often include seeing family members long since passed, Jesus, or an angel with messages beckoning home (to heaven—their home with God).

They may include seeing Heaven or a beautiful green valley, family, and friends. Once the vision has been experienced it is a sign to the family that death is near.

Family members may also share stories of these types of visions heard of from ages past. These are very comforting moments for the patient and the family.

Death is a very holy moment for the Appalachian. It is the time when the patient leaves the troubles of this world and enters into eternity with God, Jesus and the Holy Spirit. It is when the patient receives his reward for staying faithful. There may be talk of feeling the spirit world opening to the loved one. It can be very joyous and much excitement can be felt.

There may be a long period of singing, prayer, scripture reading or quoting, and wanting to touch and kiss the patient.

If there is a family member who has been estranged or has "fallen away" from God, there may be great sorrow expressed for the member who is away.

Some families still practice the exercise of bathing the extremities and face of the patient after death. They may re-dress the patient in clean bed clothes and fix his hair. This is done before having a funeral director or 'stranger' look upon the body as a sign of deep respect and love.

URBAN APPALACHIAN

It will be very comforting if the Hospice representative were to share stories—specific examples—of positive character they saw in the patient as the family gathers at the last moment.

Please give the family all the time needed to be with the patient before calling a funeral home. Take the lead from the head of household as to when to release the body to the funeral home.

RELIGION & BELIEFS

Expressions of faith may be very vocal. They tend to talk about Jesus, Heaven, healing, loved ones gone before. They may pray out loud and even ask if the Hospice representative wants to join with them in prayer.

Please don't feel that you have to pray out loud but if you join with the family around the patient's bed it would be a sign of respect.

Some prayers will be lengthy and emotional. Family members may "lay hands on" (touch the patient) as they pray. They may even ask if you would touch the patient as they pray as well.

Prayers may come through spiritual means (applying prayer cloths to the patient's head or body, laying on of hands, or herbal, homemade and homeopathic remedies).

The family and friends may gather around the patient's bed to sing hymns and other songs of faith.

Some families will participate in the 'death watch'. When it is believed that death is near the family may sit with the patient at all times watching and waiting together.

CULTURAL RELEVANCE

Appalachians appreciate compassion. Once initial relationship is established feel free to show concern and compassion through a gentle touch on the arm, hand or shoulder.

They like to tell stories about their loved ones. Be willing to actively listen. Even share some of your family stories as well. They love humor and often use it as a way of communicating.

URBAN APPALACHIAN

They tend to be loud people when they get together. Don't be alarmed if several people talk at once, each seeming to try to speak over the other. The TV may be on at all times, even if no one is watching it.

They share their emotions. You may witness people crying, sharing frustration or anger over the looming loss of the patient.

Hospitality is extremely important. It is common for family and friends to bring in gifts of food in very large quantities during difficult times. This is their way of expressing their love. They will make sure all people present have been offered food, perhaps even more than once.

"Busywork" is a sign of respect and love. It would be appreciated if the Hospice representative offered to help wrap and store extra food in the refrigerator/freezer and wash dishes. This is not a requirement, but simply an act of concern for the patient and family.

COMMUNICATION STYLE

Approach each family member with respect, smiling and making eye contact.

They are intelligent people. While they may or may not understand medical terminology they desperately want to understand what is occurring with their loved one.

Talk ***to*** them, not ***down*** to them.

BUDDHIST

END OF LIFE

Life support machines are not believed to be helpful if the person's mind is no longer alert. Upon death, place the individual on his/her right side and block the right nostril with cotton or something similar.

After this you should leave the body untouched, a lama may be asked to perform ***powa*** (last rites). Family members may provide powa pills that can be placed on the forehead prior to death and removed at cessation of heart beat and breathing.

After death when an individual has passed, it is inappropriate to discuss his/her belongings, misdeeds, or anything else that may negatively impress on the mind while it is still in a state of equilibrium.

Because of the benefits of autopsies, such as educating medical professionals and determining diagnoses, Buddhists generally believe that autopsies are a form of compassion that help preserve life. Bringing justice to a criminal is also honorable, so autopsies can be done when there is a question of natural versus unnatural deaths. Although Buddhists believe that the body should be treated with great respect and it is not proper to desecrate the body, these views about autopsy rely on the intent. The intent of postmortem examination is not to harm the body. Waiting until the soul has left the body is the only major contingency when performing an autopsy on a Buddhist.

Speaking about death to a terminally ill patient is not perceived as an unpleasant topic.

RELIGION & BELIEFS

For Buddhists, the main goal of life is to achieve Enlightenment (Nirvana).

Buddhists believe in the Path to Enlightenment (***Dharma***), the Guide (Buddha), and Traveling Companions (***Sangha***). For many Buddhists, community and family support is of utmost importance.

BUDDHIST

The Four Noble Truths are regarded as the central teachings of the Buddhist tradition, and are said to provide a conceptual framework for all of Buddhist thought. These four truths explain the nature of ***dukkha*** (***Pali***; commonly translated as "suffering", "anxiety", "stress", "dissatisfaction"), its causes, and how it can be overcome.

Patients may practice making of offerings; you will often see them on shrines within the home.

Reciting mantras is an important avenue to calm and can take several forms depending on the individual.

The major Buddhist holy day of the year is ***Vesak*** which falls on the full moon day of May. Buddhists believe in reincarnation and the state of mind at the time of death is crucial, because it is this that determines the situation into which the person will be reborn.

If the mind is calm and peaceful, then a happy rebirth will be the case. However, if the mind is in a state of anger or has strong desire or is fearful etc., this will predispose to an unhappy or lower type of rebirth.

When considering the spiritual needs of the dying, the basic principle is to do whatever you can to help the person die with a calm and peaceful mind, with spiritual/positive thoughts primary.

CULTURAL RELEVANCE

It is important to avoid religious activities that are inappropriate or unwanted by the dying person.

From the spiritual viewpoint it is desirable to avoid loud shows of emotion in the presence of the dying person.

Prayer/Meditation beads may be worn and should be allowed when at all possible.

Many Buddhists will use the image of the Buddha as a reminder to speak and act like him; efforts should be made to allow for images to be included in rooms if desired.

BUDDHIST

For a person with a spiritual faith it is beneficial to have spiritual objects around them and to remind them of the positive aspects of his/her life. It is also appropriate to make the space in which they are staying as attractive as possible.

Some Buddhists may want to hold/be touched by ***stupas*** (holy relics) to assist in purifying his/her karma.

Allow for conservative dress for both men and women.

COMMUNICATION STYLE

Gestures such as joining of the palms, bowing, or prostration (the placement of the body in a reverentially or submissively prone position) are all used to show reverence.

Speaking about death to a terminally ill patient is not perceived as an unpleasant topic.

CATHOLIC

END OF LIFE

Catholics are not morally bound to prolong the dying process by using every medical treatment available. Allowing natural death to occur is preferred.

Out of deep respect for the gift of life, Catholics accept, and others must provide, ordinary medical means of preserving life. Ordinary means are those that offer a reasonable hope of benefit and would not entail an excessive burden on them, their family or the community.

If treatments have been in place for some time, the treatment may be withdrawn if it is deemed extraordinary or disproportionate, i.e., it no longer benefits the patient. If a decision is made to withhold or withdraw a treatment, it is believed that the patient dies of the underlying medical condition, and not from the ending of treatment.

It is never permissible to remove a feeding tube, or any other form of life-sustaining treatment, simply based on the belief that the patient's life no longer holds value or with the intention to terminate the patient's life.

Catholics honor, respect and value the sacredness of all human life.

RELIGION & BELIEFS

There are approximately 60 million Catholics in the United States.

For Catholics, death is a doorway to eternal life. In the face of illness, suffering and death, Catholic faith assures that "we are created for eternal life."

Many Catholics will make the "sign of the cross" during stress and in times of prayer or affirmation of faith.

CULTURAL RELEVANCE

Modest dress should be provided for both men and women.

CATHOLIC

During Lent, some Catholics may fast during the day or eliminate certain items from their diets. Be aware of how the diet is being altered in order to provide proper care. During this time, many observe no meat on Fridays.

When Catholics are ill, they want every effort made for them to receive the Sacraments of Reconciliation (confession). Anointing of the Sick (last rights) and the Eucharist (holy communion).

The priest is the main religious figure in the Catholic Church and may be contacted to provide specific services.

COMMUNICATION STYLE

Many Catholics may find the use of curse words to be offensive, as well as use of the Lord's name in vain or that of the martyrs and saints.

CHINESE

END OF LIFE

Because the extended family sometimes lives together (3 generations), the bonds may be closer than families that live apart. This will indicate active and substantial levels of intergenerational support and older adult wellbeing. It is considered important to be with the patient during the dying process.

Cremation is the most acceptable form of burial. Autopsies and organ donation are usually acceptable practices unless a specific family requests they not be an option.

Family responsibility is something that is very important for many, so the family members will want to spend as much time as possible with the family member. Because of the restrictions for visiting hours in hospitals, patients tend to want to die at home, surrounded by family; it is believed those who die away from the home will become "lonely spirits."

The elderly usually believe: "let nature takes its course" and do not need to be in control. The eldest son of a family is traditionally responsible for burial arrangements.

RELIGION & BELIEFS

The most popular faiths are Atheist, Buddhist, Taoist, Christian.

Buddhists believe in karma and reincarnation and predetermination of one's present life by good or bad deeds in the present and past lives. In very traditional cases, highly religious Buddhists, friends or monks gather and assist the dying process by chanting Buddhist ***sutra***. Display of uncontrollable emotions is discouraged.

If the family members are Traditional Taoist, they may hire Taoist monks or chanters to pray for the spirit, (this may be an older tradition so may not apply to younger patients). Chinese men assume the role of funeral and financial arrangements, and Chinese women handle the emotional tasks like bereavement.

CHINESE

The concept of "balance" is reflected in many Asian practices. Meditation, energy release, ***feng shui***, acupressure, acupuncture, cupping, and skin scraping are all methods used to restore balance and therefore improve health.

Cupping therapy is an ancient Chinese form of alternative medicine in which a local suction is created on the skin; practitioners believe this mobilizes blood flow in order to promote healing.

CULTURAL RELEVANCE

The Chinese family unit is considered of primary importance and decisions are often reached by consensus of the group.

The number 4 sounds a lot like the word "death" and it is believed to carry bad luck. So, you should try not to use that at any time. Also, don't stick chopsticks horizontally into a rice bowl, because it also has that connotation.

Female patients should be changed and examined by female practitioners whenever possible.

Remedies like herbs, hot or cold foods, and incense-burning rituals may be used in addition to modern medical technology.

Wear the color red, because it symbolizes happiness, and is a generally lucky color that is used during Chinese New Year, weddings, and other celebrations. It may bring joy to some older patients or maybe just help them reminisce about their younger days.

COMMUNICATION STYLE

Be aware that there are over 50 different ethnic groups in China and that each has cultural nuances that should be acknowledged.

Bowing is a traditional Chinese greeting and a simple head nod is accepted as a response.

CHINESE

Etiquette dictates that respect is shown to older family members and people in positions of importance (including educational attainment). Females are expected to show deference to most males.

Avoid touching and eye contact during conversations. Explain the reason for needing to physically touch patients.

Sitting and/or standing side by side, instead of across from one another, is the preferred method of conversational interaction. Do not use large hand movements. The Chinese do not speak with their hands. Your movements may be distracting.

Avoid pointing your finger directly at someone, instead, use your whole hand.

Putting your hands in your mouth for any reason is considered offensive.

The caregiver treating the patient should discuss the illness and treatment options with the family rather than with the dying family member in some cases.

FILIPINO

END OF LIFE

Discussions regarding end-of-life issues and advance directives should be approached cautiously, because discussing such sensitive issues may raise the fear that the discussion itself could lead to or invoke unwanted outcomes.

Keep in mind that most decisions are made by family consensus treating everyone with equal respect to avoid conflict.

Many Catholic elders believe the body must be kept intact for the promise of resurrection so that organ donation and autopsy would be difficult; body parts that are surgically removed should also be buried.

A natural death is important. Decisions such as withholding life support or increasing pain medication are allowed.

Most Filipinos have after death rituals and they still prefer burial, but many can't afford it.

RELIGION & BELIEFS

Most Filipinos are Catholic and about 10% are Protestant. Typical celebrations of religious Catholic holidays are honored with fasts, church ceremonies, food and music. Out of respect you should have a Catholic Priest available.

Many Filipinos love emblems of faith, crosses, statues, etc.

It is not uncommon that family members request that the physician not divulge the diagnosis or prognosis to protect the patient. They respect physician opinion tremendously, so you may have to get a Doctor to encourage taking medications, following treatments, etc.

Preparing for one's death is looked at as tempting fate meaning most will not complete advanced directives or living wills.

FILIPINO

CULTURAL RELEVANCE

Respect when dying is important. Examples of showing respect are having religious clergy available, interpreter if necessary, adjusted visiting hours if needed, and having family participate in the care.

Filipino patients place high value on meticulous grooming and personal appearance, though clothing style is modest.

COMMUNICATION STYLE

It is common to politely decline an offer of food, drink or sitting arrangements ("please sit down") the first time. You may find the person accepts the offer after the second time, once you have demonstrated sincerity.

In the Filipino culture, greetings are more formal. It is typical for you to address the eldest or most important person first. A handshake and smile are typical or standard. Also establishing eye contact and raising and lowering eyebrows is common.

Most Filipinos speak English. The national language is Philippine. Most Filipinos are often very quiet and reserved unless celebrating.

Be aware that Filipinos may say "yes" but mean "no." Body language is extremely important when trying to decipher. A quick downward head jerk means no, but always be sure to ask for clarification.

To get someone's attention, a light brush to an elbow is most accepted. One should not stand with your hand on hips or use pointing gestures. When gesturing to something, keep palms downward in a sweeping motion.

When receiving bad news Filipinos will hide their emotions with a smile. They don't want to show embarrassment or distress.

If possible, visiting hours should be flexible to accommodate Filipino traditions of mourning for the patient according to their customs.

HINDU

END OF LIFE

Traditionally the male head of the family should be addressed when discussing medical issues. This male head will communicate the decisions made.

The patient's eldest son is expected to be present before, during and after death, even if the son is a small child.

A Hindu patient may request for a ***Pandit*** (priest) to visit the hospital to perform certain rituals including: Recite hymns (***bhajans***) from holy books; tying a sacred thread around the neck or wrist; placing a few drops of water from the River Ganges into the patient's mouth; placing a sacred tulsi leaf (holy basil) in the patient's mouth.

Maintaining a terminal patient on artificial life support for a prolonged period in a vegetative state is not encouraged.

Family members may request that patients not be told about a terminal diagnosis directly.

Hindus, because of their religious belief, are more accepting of natural death, and hence not in favor of artificially prolonging life.

Other family members may wish to be present and to participate in the care of the patient.

A picture, book, or religious statue of a deity may be used in prayer by some religious Hindus in their hospital room. Facing east or north is preferred. Feet facing south are forbidden.

Blood transfusions are allowed.

The family may wish to light a small lamp or burn incense near the body. If possible, any jewelry, sacred threads or religious objects on the patient should not be removed.

HINDU

Hindus believe that disturbing the body of the deceased is disturbing to their soul and inhibits the soul from moving onward.

A deceased Hindu's body is usually washed by close family members, with the eldest son taking a leading role.

Bodies are usually cremated, never embalmed. Cremation should take place shortly after death, preferably within 24 hours.

Infants and young children are the exception to the cremation rule: since they have not accumulated bad karma and are considered pure, infants and young children may be buried.

Family may request that there be constant attendance of the deceased's body, and a family member or representative may wish to accompany the body constantly, even to the morgue.

Hindu patients may wish to die at home, as this has particular religious significance.

The family may bring clothes and coins for the patient to touch before they are given to the poor to symbolize the dead person's generosity.

A dying person is placed on the floor on a clean sheet or mat, symbolizing closeness to Mother Earth, freedom from physical constraints and the easing of the soul's departure.

Regarding autopsies for Hindus, the purpose of life is to exit the cycle and enter a state of extinction of passion. Family members must provide a smooth journey to death, because death is not viewed as a finite event. Therefore, Hindus believe that an autopsy may be disturbing to the soul and will avoid autopsies unless necessary by law.

The decision to donate or receive organs depends on the views of the individual family.

HINDU

RELIGION & BELIEFS

Hinduism is the dominant religion of India. There is a great diversity of belief among Hindus. Generally Hinduism affirms the unity of the Divine, but this can be understood in different ways.

Hindus often have a devotion to one particular god; this personal god is called the ***ishta-devata***.

Hindu life is strongly influenced by belief in astrology. According to traditional Hindu medicine, there are three body humors—wind (***vata***), bile (***pitta***), and phlegm (***kapha***).

Hindus believe that all living beings possess a soul, which passes through successive cycles of birth and rebirth.

Karma: Hindus believe in reincarnation. Actions from a past life can affect events in the current life, including health and well-being.

Health care providers should be aware that a strong belief in karma could affect decision-making regarding health care.

Prayer and meditation are important to many Hindus. There are no set times for prayers. However, most Hindus prefer to pray in the morning. Some religious Hindu patients may wish to recite prayer, meditation, and scripture reading/chanting.

If possible, establish a relationship with Hindu Temple to serve as a religious resource.

CULTURAL RELEVANCE

Visiting the sick is an important responsibility for Hindus. Hindu patients may have large numbers of visitors, including those from outside their immediate family.

Patients may wish for family members to stay in the hospital overnight. This should be accommodated, if possible. Some visitors may take off their shoes before entering the room. It is common custom to remove footwear before entering a house.

HINDU

While there is no religious requirement for modest dress, many Hindus choose to dress modestly and may be reluctant to be examined by health care providers of the opposite sex.

Women may want to be examined by a doctor of the same sex wherever possible, and same-sex nursing is preferred. Alternately, a male physician should examine a female patient in the presence of her husband or another female if the patient desires, when possible.

Hindu women may wear a sacred thread or gold chain around their necks, and Hindu men and boys may wear a sacred thread across the chest. The sacred thread is supposed to be worn at all times. Threads, jewelry and adornments have strong cultural and religious meaning and should not be removed during examination. If it is necessary to remove an item, patients should be consulted before removal.

The Hindu belief in preservation may show in the refusal to wear leather or other animal products and the resistance to using soaps that are made from animal parts or that are destructive to the environment. Disregard of modesty may cause extreme distress for a few.

Many Hindu women wear a red dot on their forehead to indicate they are married. Indian women may wear other signs of marriage, such as a sacred necklace (***mangalsutra***), bracelets, or toe-rings, which should not be removed during examination unless absolutely necessary.

Some genital and urinary issues are often not mentioned, especially if a spouse is present.

COMMUNICATION STYLE

Some Hindu patients may not be proficient in English. If patient does not speak English well, follow hospital procedure; use professional interpreters who are qualified to interpret medical concepts and terminology.

The other languages most widely spoken by Hindus include: Bengali, Gujarati, Hindi, Kannada, Malayalam, Marathi, Nepali, Oriya, Punjabi, Sindhi, Tamil, and Telugu.

HINDU

Personal space is important. The acceptable conversation distance is 3 to 3.5 feet apart.

Indian women will tend to defer to their husbands to answer questions (if he is present).

Hinduism views the needs of the individual in the greater context of family, culture and environment. As a result, family members, especially elders, can have a strong influence on decision-making related to health matters, including informed consent.

Hindus may wish for family members to be responsible for making treatment decisions. Healthcare decisions in Hindu families will likely be made by the most senior member of the patient's family or the eldest son.

HISPANIC/ LATINO

END OF LIFE

Elders of the family and/or leaders in the community should be notified first in the event of death.

Death is a very important spiritual event. Relatives or members of extended family may help with the body. Family will request some time to say their goodbyes before the body is taken to the morgue.

The body is extremely respected; the majority of Catholics do not permit organ donation or autopsy since the body must be intact for burial. This becomes a family matter, and must be decided by the whole group.

The family of a terminal patient may be reluctant to remove life support lest it be seen as encouraging death. If the illness is determined to be "punishment by God," life support may be considered interfering with the opportunity for the patient to redeem his or her sins through suffering. At the same time however, traditional respect and courtesy toward physicians may lead the patient or the patient's family to agree with a physician who suggests removing life support, even when they are opposed to it.

RELIGION & BELIEFS

The majority of Mexicans are Roman Catholic (89%) and Protestant (6%). Our Lady of Guadalupe, also called the Virgin of Guadalupe (Lupita), is a 16th century Roman Catholic Mexican icon depicting a spirit of the Virgin Mary. It is Mexico's most popular religious and cultural image: The Virgin of Guadalupe has also symbolized the Mexican nation since Mexico's war of Independence.

The Hispanic/Latino patient and family may also believe that God determines the outcome of illness and that death is a natural part of the life process. Because of this acceptance of the sick role, the patient and family may not seek health care until the condition worsens significantly.

This outlook may also allow your patient to tolerate a high level of pain because pain is perceived as something you live with. This belief can also serve as a protective role by preparing the patient and family for grief and

HISPANIC/ LATINO

death. There may be a belief that a person's spirit is lost if they die in the hospital rather than the home setting.

CULTURAL RELEVANCE

Hispanic is a term that is used to describe people of Mexican, Cuban, Central American, and Spanish and Puerto Rican heritage.

In the Latino culture, there is a complex relationship between health and illness, as well as the physical, mental, and spiritual parts of a person's life.

The oldest single daughter is responsible for taking care of elderly parents and is the healthcare decision maker of the family.

Traditionally, the father or oldest male is the economic head of household and holds ultimate decision-making authority. Family involvement is very important.

Large numbers of family members may visit the patient at one time. It is a cultural way to express love and concern. Allow family members to spend as much time as possible with the patient and allow them to assist the patient with the activities of daily living.

The family-centered model of decision making is highly valued and may be more important than patient autonomy. The importance of immediate and extended family ties are very important to the Latino community—otherwise known as ***familismo***, characterized by interdependence, affiliation, and cooperation.

Crosses are okay. Some spiritual amulets (can be any object but its most important characteristic is its alleged power to protect its owner from danger or harm), religious medallions, or rosary beads are to be expected near the patient. The patient and family may display pictures of saints. Saints have specialized and general meanings for Catholics. For example, St. Peregrine is associated with cancer, St. Joseph with dying, and Our Lady of Lourdes with bodily ills.

The family members may request that they keep candles burning 24 hours a day as a way of sustaining worship. In compliance with safety and fire codes, consider electric candles as a substitute.

HISPANIC/ LATINO

COMMUNICATION STYLE

Personal relationships are valued; asking about the patient's family and interests before focusing on health issues will generally increase rapport and trust.

Use of clear and specific language will help the patient and family better understand the prognosis and make decisions about palliative care. Your patient and family members may not be assertive or aggressive when communicating with doctors and clinical staff.

The family may prefer to hear about medical news before the patient is informed so that they can shield the patient or deliver the news gradually.

If your patient consents, meet the family members first to strategize how to communicate news about the illness. If your patient does not want to make his or her own medical decisions, let them know a Durable Power of Attorney for Health Care needs to be prepared.

Refrain from using first names until invited to do so. Titles are important and should be included on business cards. When talking to your patient and family about terminal illness do not use euphemisms. They do not translate well, and it makes it difficult for the interpreter to communicate.

They may not want to have any direct disagreement. As a result, important issues and problems may not be discussed, unless you initiate a dialogue.

It is respectful for family members to stand up when a caregiver enters the room.

Among many Cuban Americans born in the United States who speak English at school and in other public domains but speak some Spanish at home with relatives and neighbors, "Spanglish," or a linguistic mixture of Spanish and English, is a common alternative. Many Cuban Americans—especially younger Cuban Americans—use Spanglish to talk with friends and acquaintances, incorporating English words, phrases, and syntactic units into Spanish grammatical structures. Ability with Spanglish, however, does not necessarily imply lack of ability with either English or Spanish.

These are guidelines only and may not represent all situations. Please confirm the personal preferences of each patient/family.

JAPANESE

END OF LIFE PROTOCOL

The head of the patient should not be placed facing the north because this is how dead bodies are placed.

Don't put the patient in room number 4 or 9, because the pronunciation sounds like death.

Don't arrange beds with feet toward the door because that is how the dead are carried out of the room.

Among the older generations, organ donation is generally frowned upon because of the belief of the importance of dying with the whole body concept. It would depend upon the Next of Kin of the deceased. If they're traditional, they may not approve.

Often, Japanese Americans will trust the family to make decisions instead of the patient. Elders may wish to defer decision-making to their children, relatives, any family members, and often to their oldest son.

RELIGION & BELIEFS

Japanese Americans may belong to many kinds of Christianity including Catholicism and Protestantism. Buddhism and Shinto are also widely practiced religions and some of them are non-religious.

Buddhists believe in karma and reincarnation and predetermination of one's present life by good or bad deeds in the present and past lives. In very traditional cases, highly religious Buddhists, friends or monks gather and assist the dying process by chanting Buddhist ***sutra***. Display of uncontrollable emotions is discouraged.

CULTURAL RELEVANCE

Smiling or laughing often is a reaction to cover embarrassment or discomfort. These reactions should be expected when discussing serious medical concerns or delicate situations.

JAPANESE

It is disturbing for a native born citizen to be taken for a foreigner; unless informed otherwise, assume that anyone with an Asian appearance is a citizen.

The patient may dress in traditional attire- kimono and wooden sandals.

Do not give cut flowers to someone who is ill because it is believed the illness will take root.

Eastern medicine may be practiced. Towels may be placed on the heads/shoulders of patients to maintain circulation.

It may be difficult for Japanese Americans to understand why enteral feedings are not given to a patient too ill to eat, because they believe in the curative powers of food.

Japanese patients prefer a room with more privacy due to cultural and language difficulty. However, they may agree to use a shared room if it is quiet, undisturbed, and a private environment is protected.

Family members, especially a mother, may want to stay with the patient and offer care and support. They may want to do many of the care-taking tasks. In this case, it is wise to tell them the limit of the care-taking tasks provided by them to the patient if their care giving may interfere with the recovery or treatment process. It is also wise to explain how to give a patient care if a hospital caregiver decides to accept their willingness to help.

COMMUNICATION STYLE

Indirectness in conversation in English may create some complication in conversation due to the language difficulty. A verbal "yes" may be given in order to be polite and may not necessarily express agreement. If you give them a negative question, their answer can be totally reversed. Be cautious.

A female caregiver is likely to be more accepted by a Japanese patient than a male caregiver in general. Men used to be the decision makers and are given the respect in traditional Japanese families.

JAPANESE

Indirectness in conversation is preferred and confrontation is often avoided in Japanese.

The concept of "saving face" is still very important in Japanese culture. They tend to avoid or hide anything that may bring shame to the family or community, no matter how small it is.

Communicate respect, especially to elders. Formality in speech and manner is preferred. Address people as Mr., Mrs., Dr., etc., with their last names in general. You may ask him/her if he/she prefers their first name. Please put Mr., Mrs., Dr., etc., with the first name as well, (i.e., Mr. Masi Oka would be "Mr. Oka" formally, and "Mr. Masi" informally).

A handshake is acceptable, but no other touching. A slight bow may be appropriate.

JEHOVAH'S WITNESS

END OF LIFE

Jehovah's Witnesses believe that the soul dies with the physical self. They believe that hell is a resting place for all who die and is simply a place of unconsciousness. Those who are not saved will be snuffed out of existence.

Jehovah's Witnesses believe that any custom relating to the dead and fear of spirits or ghosts is wrong. Jehovah's Witnesses believe in resurrection and so death is often viewed as a temporary split between those who remain and the loved one that will be raised with the return of Christ.

Agreeing to an organ transplant or organ donation is a personal decision. Their bodies are the creation of Jehovah God; therefore, the main obstacle for Jehovah's Witnesses regarding autopsies is mutilation to the body. A Jehovah's Witness should agree to the autopsy when required by law, but the next of kin may request that no organs be removed and that the body be treated with care.

RELIGION & BELIEFS

During illness, Witnesses may want to hold 'Congregation book Study' in which members gather in small groups to discuss spiritual topics.

Jehovah's Witnesses follow many of the same belief systems as traditional Christians.

Their religious beliefs promote respect for life but they do not believe in faith healing. The type of medical treatment selected is a matter of personal choice. They do not believe in blood transfusions for religious reasons but alternatives to blood transfusions (see below).

Note: *Since the Bible makes no clear statement about the use of minor blood fractions or the immediate reinfusion of a patient's own blood during surgery, a medical process known as blood salvaging, the use of such treatments is a matter of personal choice. We accept reliable non-blood medical alternatives, which are increasingly recognized in the medical field.*

JEHOVAH'S WITNESS

The medicines and surgical techniques used in place of blood are so effective that doctors now offer them to patients who are not Jehovah's Witnesses. Professor of Law Charles H. Baron wrote that "not only Jehovah's Witnesses, but patients in general, are today less likely to be given unnecessary blood transfusions because of the work of the Witnesses' Hospital Liaison Committees."

CULTURAL RELEVANCE

The family structure is patriarchal, and the father has the final say in decisions made. The eldest male child is typically the second decision maker unless otherwise indicated.

Jehovah's Witnesses do not believe in gambling. Entertainment that includes sexuality, materialism, spiritualism, or violence is strongly discouraged. So be cautious when offering reading materials.

There is not a specific religious dress; however, Jehovah's Witnesses feel that being dressed conservatively and appropriately is very important and men are typically clean-shaven.

COMMUNICATION STYLE

Communication style is American and typical of any American or African American. Their primary difference is in what they believe based on their religion not their culture.

JEWISH

END OF LIFE

Some divisions of Judaism require the deceased to be washed and dressed by someone Jewish according to prescribed ritual. If unsure who to contact you may consul with the funeral home.

Jewish patients may prefer caregivers of the same gender to preserve privacy and modesty.

There is a general appreciation in the Jewish community for the medical profession.

While different sects of Judaism have various views on end of life, most agree that death is G-d's will and will work to ease suffering.

When a Jewish person dies, it is appropriate to close the eyes and mouth, open a window and flush the toilet in order to allow the soul to escape the body without obstacles. It is also considered a "***mitzvah***" or commandment to stay with the body of a Jewish person who has died until time of burial.

If the family desires a Jewish funeral home (in the local area), it is appropriate to call one if a Jewish patient dies during ***Shabbat*** (between Friday evening and Saturday evening). Staff members—particularly those who are not Jewish—will likely be available to drive during ***Shabbat***.

All Jewish people are buried in plain white shrouds and simple wooden caskets to represent equality in death.

Jewish people observe death of a loved one during the period of "Shiva", which means "seven". Families will observe up to seven days of mourning in the home following a death where friends and family may call on the mourners to offer comfort.

During Shiva (the period of mourning), mirrors and pictures may be covered to ensure humility and modesty.

JEWISH

Following a death, it is typically not appropriate to say to a Jewish Family "They're in a better place." This would refer to a place of afterlife, which Jews do not necessarily believe exist. DO ask "What are your family's customs?" or "Would you like me to call our Rabbi?"

RELIGION & BELIEFS

A cross is not religious symbol for Jewish patients and families.

A major belief in Judaism is that life is valued above all else. This reflects the choice some make by agreeing to participate in organ donation. Some, however, do not believe in donating organs because religious law forbids disfiguring of the body.

Within the Jewish community, there is a broad spectrum of beliefs and practices, but all are rooted deeply in written and oral tradition and law of the Torah, or Hebrew Bible.

The home is where most of Jewish life and practice occurs; synagogue life may not be utilized by everyone.

Jewish people tend to be life-focused, and do not make much reference to afterlife.

The long history of Jews from the covenant between G-d and Abraham spurs the Jews to be referred to and revered by themselves and others as the "chosen people."

Judaism is communal. Many Jewish people find they know each other or each other's families causing an increased feeling of kinship outside of the immediate family.

There is no firm belief in an afterlife. Jewish people believe that the Messiah has not come yet, and all will be granted eternal life after this occurs.

JEWISH

CULTURAL RELEVANCE

Despite stereotypes, Jews are comprised of people from many races and countries. Jewish people have all different colors of hair and eyes and many different skin tones.

In regards to dress some men may wear a shawl, yarmulke (skull cap). Some woman may cover their heads with a wig or scarf.

Please know that female Jewish patients may prefer a woman physician or nurse. Some also believe that men and woman should pray separately.

There are some people of the Jewish faith who believe in sexual segregation.

Men and woman are both highly respected; yet do have their own specific roles. These roles, although different, are both seen as extremely important.

COMMUNICATION STYLE

Jewish tradition does not instruct people to hide or inhibit the intense emotions which accompany the facing of death. *(Source: Jewish Ritual, Reality and Response at the End of Life, Duke Institute of Care at the End of Life.)*

Jewish people may appear to be more physically affectionate within their families than other cultural groups.

Health care providers may offer information regarding a loved one's health status, but would benefit by asking "what can I share with you?" or "Can I answer any questions for you?"

American Jews speak English, but those of Ashkenazi descent may also speak Yiddish, while older Sephardics may also speak Ladino (fifteenth century Spanish).

KOREAN

END OF LIFE

Patients and their families may not want to discuss end-of-life issues in advance. Cancer is both feared and stigmatized. Discussions should involve terms such as growth or lesion rather than cancer, and medication rather than chemotherapy.

Traditional Korean belief values dying at home. Due to the high level of respect for parents and the elderly, some adult children may be reluctant to withdraw life support.

The Korean culture is family focused and they will want to provide a great deal of the care to the patient themselves. The eldest male is often the primary contact. The husband, father, eldest son or daughter, may have final say. In traditional Korean society, the first son and his wife are responsible for taking care of the parents as they age.

Do not resuscitate orders would be common because prolonging life is seen as unacceptable. At the time of death, it is expected that people will talk about the things the person has done and not about the death itself.

Organ donation and transplantation is seen as a disturbance in the integrity of the body.

RELIGION & BELIEFS

Koreans have traditionally been eclectic in their religious commitments. Their religious outlook has not been conditioned by a single, exclusive faith but by a combination of indigenous beliefs along with ideas imported into Korea. Confucian tradition has dominated Korean thought, along with contributions by Buddhism, Taoism, and Korean Shamanism.

Be aware that the individual may be using herbal remedies or other cultural healing practices. **Cupping therapy** is an ancient Chinese form of alternative medicine in which a local suction is created on the skin; practitioners believe this mobilizes blood flow in order to promote healing.

KOREAN

Coining therapy (***Cao gio***) is a technique incorporated into the practice of Traditional Chinese Medicine (TCM). It is pronounced as "gow yaw" and better known in English as coining. Coining is widely practiced in particular by Southeast Asians, such as the Vietnamese, Thai, and Lao. Because coining leaves distinct physical marks, patients are sometimes incorrectly identified as victims of abuse. Due to concerns about abuse in many Western nations, this has led to unfortunate cultural confusions at times.

A coin is repeatedly rubbed against an area of the skin in long flowing moves which always move away from the heart. Blood begins to rise to the surface of the skin, and will leave a mark that resembles a bruise or love bite. The areas of the body that are most frequently treated are the back and ribs, and the marks will fade a few days after the treatment is over.

CULTURAL RELEVANCE

When a patient is diagnosed as terminal, family members may wish to shield him or her from that fact. Ask the patient to identify how much information he or she wants regarding his or her condition, or to whom the information should be provided. Be aware that diagnoses are usually given to the family, who decide whether or not to tell the patient.

Maintaining one's inner peace and calm state of mind is important to most Koreans and should be especially in times of death. Among older or tradition-minded Koreans, illness is often seen as one's fate and hospitalization may be seen as sign of impending death.

Avoid the number 4 because it is considered unlucky in Korean culture. The character for the number 4 is pronounced the same as the character for the word death in several Asian languages.

You may need to encourage Korean patients and family members to access social workers, counselors, and other support staff. In addition, there is much stigma attached to mental illness.

Information should be given on preventative measures since Koreans tend to focus on curative issues.

KOREAN

Stoicism is highly valued and only a clenched jaw may express pain. The family is a good resource for the true level of pain an individual is experiencing.

COMMUNICATION STYLE

Major spoken language is Korean and elder generations may understand more than they can speak.

Respect is highly valued and shown in everyday communication. It is culturally unacceptable and disrespectful to assume familiarity between acquaintances too soon and to address others by their first names unless the person is a family member or well-established friend.

Direct eye contact will be avoided when the patient is uncomfortable with caregiver. Personal space is important to many Koreans and overly familiar touching is seen as disrespectful. Koreans will accept the touch of a doctor or caregiver.

Try to use family members as interpreters when possible. It is considered very rude to drink while looking straight at an elder, to be rambunctious during meals, and to eat much faster or slower than others at the table.

When greeting a patient or family members it is important to use Mr. or Mrs., followed by last name.

Communication may be viewed as arguing or bickering.

It is common to offer food and drink to visitors but important for visitors to not accept upon first asking; respect is shown by allowing several offers before accepting.

LGBT AMERICAN
LESBIAN, GAY, BI-SEXUAL, TRANSGENDER

END OF LIFE

It is important for hospice organizations to reflect that all illnesses can affect everyone, including the major terminal conditions seen in hospice: cancer, advanced dementia, neuromuscular conditions, kidney disease, HIV/ AIDS, and other conditions.

Because Ohio law does not yet recognize same sex marriages, civil unions or partnerships, it's essential that advance directives be initiated for LGBT seniors. They must take steps to designate a POA for health care to ensure their end of life decisions will be carried out and supported by the person they choose. In the absence of a health care POA, next of kin may be designated to make decisions. In many cases, family may have long disagreed with the lifestyle of their LGBT relative and decisions contrary to what the patient would have wanted are made. Often, very painful emotional conflict arises.

The issue of confidentiality is an extremely vital aspect of care, as an inadvertent "outing" of a patient could have a significant impact on their family relationships, employment, livelihood, social status, and personal safety.

LGBT seniors may not share who they are with their care providers; they may grieve in silence and alone rather than seek out support when a partner dies; and they may die without receiving the services they need and deserve at the end of life.

LGBT STANDARDS

The revised CoPs and Joint Commission standards require hospitals to explain to all patients their right to choose who may visit them during an inpatient stay regardless of whether the visitor is a family member, a spouse, a domestic partner, or another type of visitor. These changes also protect the rights of hospital patients to choose a representative to act on their behalf. Hospitals must give deference to patient's wishes concerning their representatives.

The specifically identified members of family provide guidance to staff and prevent opposing biased interpretation. It should be noted that the

LGBT

concept of "domestic partners" relates to all legally recognized same-sex relationships, including civil unions and reciprocal beneficiary arrangements adopted in other states. The definition also focuses on a functional definition of parenthood as established by the individual's role as caretaker of a minor child. This is designed to ensure visitor access for the individuals most responsible for the care of a minor patient, even if this caretaker relationship lacks formal recognition under applicable state law.

LGBT older adults have spent a lifetime creating loving families of choice, building strength and resilience, and developing caring communities.

LGBT people value compassionate care delivered in a manner that is respectful of their personhood, their personal definition of family, and their wishes. Many LGBT consider close friends their family and relate closely to the phrase, "Friends are the family we choose for ourselves."

The term "LGBT" stands for L (lesbian, describing women), G (gay, usually describing men, but sometimes used broadly to describe homosexuals and when used in this context is never derogatory), and B (bisexual, relating to both men and women) refer to sexual orientation, while the T (transgendered) refers to gender identity.

CULTURAL RELEVANCE

The LGBT population is heterogeneous and includes people of varying ages, socioeconomic statuses, genders, races, religions, and ethnic backgrounds.

Begin by evaluating yourself and any assumptions, phobias, biases or beliefs that you might hold internally. Be aware of your own reactions and body language.

Friends and partners of LGBT patients should be given the respect and privileges usually afforded to a spouse or relative. It's appropriate to clarify their significance to the patient and ask how they would like to be addressed and identified.

LGBT

Questions about families need to allow for alternative definitions including same sex parents, or multiple parent situations.

COMMUNICATION STYLE

Explain the medical record documentation process to patients, as an LGBT patient will be particularly conscious of protecting their medical information.

Avoid using gender specific terms like husband or wife. Use gender neutral terms like "partner, mate, spouse equivalent, friend or companion." Or, ask the patient or significant other how they'd like to be addressed.

Don't assume that all patients are heterosexual. It could take time for a gay patient to have enough trust to divulge this information.

A patient with children is not automatically heterosexual.

It is especially important to create a non-judgmental open, caring atmosphere, because of the intense difficulty some patients experience disclosing same sex behaviors in a clinical setting.

MUSLIM

END OF LIFE

Death is seen as something predestined by God (Allah). It is only the beginning of eternal life. Because of this, Muslims disapprove of any medical care that may hasten the death of a patient, even for humane reasons.

If a patient is in a coma, it is preferred that the face of the patient be positioned so that they are facing the city of Mecca—i.e., *Northeast in the U.S.*

A family member may request to be present with a dying person, so as to be able to whisper a declaration of faith in the patient's ear right before death.

Members of the patient's family may wish to gather to recite prayers and passages from the Qur'an in front of the patient or in a room close by.

It is important that funeral and burial arrangements be made in advance in consultation with the family and according to the wishes of the dying or deceased patient if possible.

After death, the corpse should be treated with the same respect and privacy as during life: the eyes of the deceased should be closed, and the body covered temporarily with a clean sheet.

A cross must never be placed on the body.

With minimum delay, the body is to be removed to the funeral home because Muslims prefer an expeditious burial.

Allow the family to arrange for preparing the dead body for burial under Islamic guidelines.

The family may prepare for washing and shrouding of the body immediately after death, prior to removal.

Muslim corpses are not embalmed, unless law requires it.

Blood transfusions are allowed. Organ transplantation is allowed with some guidelines (but the subject is open to a great difference of opinion within Islamic circles).

Assisted suicide or euthanasia is forbidden in Islam.

Maintaining a terminal patient on artificial life support for a prolonged period in a vegetative state is not encouraged.

Autopsy is not permitted unless required by law. And postmortems are not usually agreed to unless required by the law.

RELIGION & BELIEFS

Islam is an Abrahamic religion based on the Qur'an—which Muslims consider the verbatim word of God as revealed to prophet Muhammad.

Imam—is the person who can lead prayer in Arabic and has basic knowledge in Islam.

Sheikh—is the person who has solid knowledge about Islam and serves the religious needs of people.

Scholar—is the person who can interpret the text and make rulings of judgments.

If possible a copy of the Qur'an should be available for Muslim patients.

It is preferable to offer to remove or cover non-Islamic religious symbols in private patient rooms.

If possible, a room should be made available as a prayer room. An inter-religious space sensitive to the needs of persons of diverse traditions is preferable.

If possible, establish a relationship with an Imam or community leader that could serve as a religious resource.

Identify one or more Muslim physicians or other healthcare providers on your staff who can act as liaisons with Muslim patients.

MUSLIM

Although Islam does not ban treatment by the opposite sex, providing the patient with a nurse and/or physician of the same sex when possible is recommended, especially if the patient feels strongly about it.

Alternately, a male physician should examine a female patient in the presence of her husband or another female if the patient desires, when possible.

Ritual washing is required before prayer (***Wudu***—ablution—the act of washing one's self).

Practicing Muslims pray five times a day. Patient is not allowed to eat or talk while praying.

Prayer is very physical, involves standing, bowing, and prostrating (to lay oneself flat on the ground face downward, in reverence or submission). Physically unable patients will pray sitting or lying down.

It is a sign of respect to avoid walking in front of a person while he/she is praying.

CULTURAL RELEVANCE

Muslim women patients may wear headscarves; they will need to cover her body completely and should always be given ample time and opportunity to cover before anyone enters her room after a knock on the door.

Muslim patients, particularly women, may need a special gown to cover the whole body in order to avoid unnecessary exposure during physical examination. Some examinations may be done over the gown.

Hijab is a veil which covers the head which is particularly worn by Muslim women beyond the age of puberty in the presence of non-related adult males.

Respect modesty and privacy. A notice can also be placed on the patient's hospital room door asking for knocking and awaiting response before entering; this is essential for a Muslim patient in hijab.

MUSLIM

There should be no casual physical contact while talking to a member of the opposite sex.

There is no single way to describe the dynamics of the decision-making process for Muslim families.

Include family members in the decision about the time and the way that "telling of the truth" about the illness will take place. To identify the closest lead family member, ask, "Who is the person that speaks for the family?"

Traditionally the male head of the family should be addressed when discussing medical issues. This male head will communicate the decisions made.

Strong emphasis is placed on the virtues of visiting the sick. Expect lots of visitors for terminally ill patient.

Where possible, arrangements should be made to accommodate large numbers of visitors in hospitals.

COMMUNICATION STYLE

Some Muslims may avoid eye contact or shaking hands as a function of modesty.

If patient does not speak English well, follow hospital procedure; use professional interpreters (family members or friends of the patient willing to interpret may not be qualified to interpret medical concepts and terminology).

Bad news may be delivered gradually or concealed by family especially when patient does not speak English. Test the waters to ensure a solid balance between the patients' right to be informed of their medical condition while respecting the family's culture.

Identify Muslim patients with word Muslim in the chart, name tag, or bracelet.

NATIVE AMERICAN

END OF LIFE

Elders of the family and/or leaders of the tribal community should be notified first in the event of death.

It is critical to talk to the family about their particular tribal tradition. For example, Navajo people destroy the clothes and possessions of the dead person and are careful never to speak the person's name because to do so might attract his/her wandering ghost or spirit. On the other hand, some tribes will make special ceremonies of giving away the deceased person's possessions and will repeatedly speak the name of the person after death as part of ceremony.

The body should not be moved until the family has been consulted about their particular tradition. Special clothing may be brought to dress the body in before it leaves the hospital, or the family may request that their loved one be covered at the time of death by a blanket. Particular ceremonial objects may be placed on the body. It is often customary for a family member or the spiritual leader to cut a piece of hair from the deceased. This is for some tribes especially important at the death of a child.

A patient who is nearing death often reports visits and conversations with deceased relatives. Usually the patient will request traditional foods and it is very important that the family obtain these foods for the patient so that they are ready for their journey.

Some may want to leave a window open for the soul to the leave at death. Others may want to orient the patient's body to a cardinal direction before death.

Mourning is usually done in private, away from patient. After death, wailing and shrieking may occur.

Cutting or shaving the hair can be associated with mourning and therefore checking with patient/family to see if they want to keep it, is strongly recommended.

NATIVE AMERICAN

Organ transplantation, both donating and receiving, is generally allowed. There is a special effort to get Native Americans to sign up as donors due to difficulty in matching tissue. In general, Navajos do not allow organ donation. Autopsies are viewed as desecration of the body and generally are not desired.

RELIGION & BELIEFS

There are many ways of expressing one's spiritual beliefs and they vary widely from region to region and from Nation to Nation. However there are certain basic concepts or ideas that do occur in most Native American Religions. But the underlying belief is spirituality is a way of life and not a religion.

Some tribes believe that discussion of terminal prognosis, DNR or negative thoughts hasten death so they avoid contact with the dying person. However, there may be others within the culture that prefer to be at the dying person's bedside 24 hours a day. These visitors may appear jovial and to have a positive attitude, so as not to demoralize the patient.

There are medicine men and women, singers, shamans, and healers who have been given a special gift by the Great Spirit to help mediate between the spirit world and the earthly world for healing, spiritual renewal and for the good of the community.

Humor is an important part of the sacred way because two-legged (people) need to be reminded of their own foolishness.

A medicine bag may be worn by the patient. This, as well as any sacred item, should not be removed without discussing it with the patient and/or family. If removing it is absolutely necessary a family member should be the one to remove it. It should be kept as close as possible to the patient.

Many people have items that they consider sacred. They may be stones, feathers, antlers, fur, claws, or pouches of cloth or leather. Do not touch sacred items. In an emergency, keep sacred items with the patient when at all possible.

NATIVE AMERICAN

If the patient is dying they may want to go to the Creator with a clear and open mind. Patients may not believe in medication due to their belief that the Creator will heal them through traditional healing practices.

CULTURAL RELEVANCE

During times of illness many Native Americans will call upon a medicine man or woman or shaman. In most cases the medicine person is also considered a holy person because it is the belief that they do all of their healing with the Creator's help and guidance. Many Native Americans today will call upon both modern medicine and traditional healing ceremonies to achieve wellness.

Native Americans do believe that death is natural and necessary in the circle of life. They may vary the beliefs as to how long it may take for one's souls to travel from one's body here on earth to the final joyous reunion with our Creator. There may also be various beliefs as to what if any objects are needed to make one's Spirit journey and what needs to be done to the body left behind.

Community and relationships are important. Family includes many extended family members and friends and/or an entire clan. Elders are respected and listened to when decisions are being made.

Decisions will be put off if agreement cannot be reached. Dissension will dictate that one needs to proceed with caution and take time to reflect in order for everyone to come to "one mind", "one accord" and/or "one decision."

Native Americans are a modest people. Try to be sure their bodies are not exposed to others. When possible, provide male doctors and nurses for male patients and female doctors and nurses for female patients.

Show respect for all family members. Treat all with kindness. In most native societies "intelligence" is measured by one's ability to listen and hear and understand rather than one's ability to ask "smart" questions.

Do not interrupt … your question may well be answered if you listen. If someone shares personal stories with you—they are for you and you

alone. Do not speak about these to others. When a family is having a ceremony performed—leave the room and provide privacy unless the family asks you to stay.

Providing a room for ceremonial purposes would be helpful and afford families their needed privacy.

Native Americans use food to honor the dying and deceased where other people may use flowers. Patients may also request special prayers from their tradition and if they are Christian they may also want to have their pastor or priest present.

COMMUNICATION STYLE

At the time of admission ask the person about their tradition and do not be in a hurry. Listen to the patient as they explain about their tradition and their needs. Look for ways to be sensitive to their beliefs.

Both loudness and a firm handshake are often associated with aggressiveness and should be avoided. For those who speak their traditional language, ask if they need a translator.

Greet with a gentle handshake. Do not look straight in the eyes, especially Elders. Hugs and touching are rarely done. Do not initiate. Lack of direct eye contact could be a sign of respect or a possible loss or theft of one's soul. It should not be looked at as a lack of interest or evasiveness.

Long pauses often indicate that careful consideration is being given to a question. Be careful to not rush patient and/or family. Metaphors and anecdotes may be used by patient to describe his or her own health status.

Ask permission before taking any photographs. If taking X-Rays, CT-Scans, MRI's or any other type of imagery take time and explain the procedure.

PACIFIC ISLANDER

END OF LIFE

As their elderly loved ones approach the need for end of life decisions, Native Hawaiian and Pacific Islander families frequently prefer to keep them in the home. In general, services such as home hospice and home care are welcomed. Because of the importance of ***'ohana***, all family members may want to participate in discussions regarding end of life decisions.

'Ohana means family in an extended sense of the term, including blood-related, adoptive or intentional. It emphasizes that families are bound together and members must cooperate and remember one another.

However, elderly Native Hawaiian and Pacific Islander patients themselves may be reluctant to discuss a living will and/or durable power of attorney issues due to fears that talking about the subject out loud will hasten death. Unfortunately, without these documents or family discussions about these issues, conflicts among family members can arise, particularly if some members of the family have been estranged or have lived away for a number of years.

Cultural beliefs may even keep Native Hawaiians from agreeing to donate or accept organ transplants. Culturally, it is believed that your spiritual essence (***mana***) resides in every part of your body and is to be protected. Allowing access to your mana, in this case through organ donation, empowers those receiving the organs and lessens you and your family. For similar reasons, some elder Native Hawaiians may be reluctant to be cremated.

When dementia is present, caregivers may have some difficulty accepting that the patient is not always in control of his or her actions and does not intend the disruption caused to the family and caregiver. Attitudes such as these may be a sign of previous or actual dysfunction or of some history of domestic violence.

More Westernized children may experience significant cultural conflict in decision-making for their more traditional parents. It may be necessary to anticipate and to assist the caregivers through these stresses.

PACIFIC ISLANDER

RELIGION & BELIEFS

Some of the societies hold the physician in such reverence that it is unthinkable for them to ever ask a question to help understand the office visit. Providers may have to go to great lengths to get the truly informed consent that the American society demands.

Prayer/Meditation beads may be worn and should be allowed when at all possible. Many Buddhists will use the image of the Buddha as a reminder to speak and act like him; efforts should be made to allow for images to be included in rooms if desired.

For a person with a spiritual faith it is beneficial to have spiritual objects around them and to remind them of the positive aspects of his/her life. It is also appropriate to make the space in which they are staying as attractive as possible.

Some Buddhists may want to hold/be touched by ***stupas*** (holy relics) to assist in purifying his/her karma.

Be alert for, and accepting of, where possible, alternative or complementary medicine approaches. If one of these approaches must be rejected, explain in detail why you believe the alternative approach may be harmful. Be prepared for a rejection of your position.

Samoan people are often very involved in their churches.

It is important to avoid religious activities that are inappropriate or unwanted by the dying person. From the spiritual viewpoint it is desirable to avoid loud shows of emotion in the presence of the dying person.

CULTURAL RELEVANCE

It is important to enlist the support of family and caregivers. Get to know the cultural community leaders, such as chiefs or ministers. If they do not accept your approach to treatment, your approach is much less likely to be successful.

Many Pacific Islanders have been dominated by Westerners, both European and American, and have been mistreated over decades or

centuries. Some of the patients harbor resentment and suspicion of Western ways. Resentment and suspicion must be overcome for a successful therapeutic relationship and showing genuine concern for the patient and absolute honesty are the best approaches.

Allow for conservative dress for both men and women.

COMMUNICATION STYLE

Pacific Islander societies traditionally revere their elders. To be accepted, the health care provider must show respect. A simple greeting in the native language goes a long way to opening the relationship.

An interpreter is essential if the patient and provider do not share a common language. An appropriate interpreter will often be a child of the patient.

Issues of privacy and autonomy will be less important to the patient than the cohesiveness of the group. In matters of health, elders will often defer to the judgment of their adult children.

Because of the great diversity in this group, it is important to ask the patient or the caregiver what is culturally appropriate. Do not use first names unless invited. Be sure to ask the patient and family member how they wish to be addressed.

It is usually appropriate to express a lack of knowledge about the culture and concern that the interaction be meaningful. It is acceptable to invite the patient and family to speak up if they begin to feel uncomfortable during the interview or examination.

Keep in mind however, that group-oriented people may be very indirect in their pattern of communication. Internal negative feelings such as unfairness, disappointment, and anger may not be culturally appropriate for external expression. This is especially important to remember in working with family caregivers.

RUSSIAN

END OF LIFE

In the event of death, family may wish to care for the body.

DNR is generally accepted, with the thought the patient will experience death comfortably, rather than be on life support.

Organ donation and/or autopsy are generally not accepted and may be supported by the belief of sacredness of the body.

When a patient is near death, it is appropriate to notify the family first. Family may keep this information from the patient to help provide a peaceful death.

RELIGION & BELIEFS

The most commonly practiced religions include Jewish and Eastern Orthodox. Other religions that are commonly practiced include Molokans, Seventh Day Adventists, Pentecostals, Old Believers, and Baptists.

Islamic Russians will want to follow traditional practices associated with death and burial.

An individual who is seriously ill or dying may request to see a priest for confession and to be anointed (Holy Unction). They may also request that religious symbols and icons be present in the room.

The Orthodox believes that when a person dies his soul is "temporarily" separated from his body.

CULTURAL RELEVANCE

Be sure to contact family to ask their specific wishes. The family may wish to have a spiritual leader present to pray for the family.

May need to make allowances for family members to be present, care for the patient and recognize they may wish to stay overnight in the hospital setting.

Patient may wish to have a family member of the same sex with them.

Specific dress may not be required, but be aware that patient may be modest and wish to be clothed accordingly. Amulets are traditional and may be any object but its most important characteristic is its alleged power to protect its owner from danger or harm.

Patient may appear to have a high threshold for pain; it is appropriate to encourage medications as they and their family members have a fear of drug addiction.

They may practice the cupping therapy, so any resulting marks should not be interpreted as abuse or a symptom. **Cupping therapy** is an ancient Chinese form of alternative medicine in which a local suction is created on the skin; practitioners believe this mobilizes blood flow in order to promote healing.

Be aware that there may be a belief in self medication, as practiced in Russia.

COMMUNICATION STYLE

Russian is the major spoken language with a few dialects.

To help decrease anxiety, give frequent updates to patient and family members. When it comes to communicating the order is father, mother, oldest son or oldest daughter.

Use direct eye contact. Greetings may be important. Greet elders with Mr. or Mrs.

Shaking hands may be common among men; it is considered taboo to shake hands with gloves on.

Patient may prefer to have family members present at all times. Patient and family members may speak loudly. Patient and family members may tend to be direct and straightforward and not spend much time on small talk.

It is impolite to point your finger. Putting your feet up, even showing the soles of your shoes is considered rude. Avoid whistling indoors; it is considered very rude.

SAMOAN

END OF LIFE

A dying person may be constantly shaken by an attending woman to keep that person alive. Death is deemed inevitable when the dying person openly confesses.

When a father is dying it is taboo for his children to come into the house though his wife may visit him. The children are instructed to avoid a dying person's food and the immediate area.

A dead body is cleansed with warm water, rubbed with coconut oil and the corpse is dressed in their best clothes.

Close relatives in ceremonial dress encircle the corpse and keep up a continuous wailing and chanting. After daylight breaks, the man's children are allowed in the house for a farewell kiss.

A ***kava*** ceremony follows, along with a ten day ceremony of decorating the grave and feasting. The period of the mourning the deceased reflects the importance of the deceased person.

They prefer to take the body back home upon death, and sometime even if they're alive and able to travel.

They may not believe in organ donation because they believe in the whole body and it is typically up to the head of the household to decide about autopsy.

RELIGION & BELIEFS

They tend to be Mormons and very connected to their religion.

Prayer is seen by some Samoa-born people to play an important part in healing the ill. Samoa-born people may try self-medication before seeking a health professional.

It is preferred that the doctor directly informs the patient of their diagnosis, as many Samoans believe the patient has a right to know.

SAMOAN

Some Samoa-born people do not believe in cancer, saying that it is a word used when a doctor can find no other cause for an illness.

CULTURAL RELEVANCE

The eldest son is typically the spokesperson; Samoa has been a male dominated culture, and most households consist of extended family. The main contact will more than likely be the head of the household, which would be the father/grandfather or the family elder. Samoans hold elders in very high regard. They believe elders contribute to their household with wisdom and knowledge.

Samoans are meticulous about courtesy, particularly toward the elderly and holders of chiefly titles. One does not stand while others are seated, and if one enters a room where others are sitting on the floor, it is proper to bend slightly and say "***Tulouna***" ("excuse me").

The gender of the health professional can be an issue for Samoans, and in particular women should be offered the choice of a female health professional.

COMMUNICATION STYLE

Generally Samoans are shy and may not ask medical questions. There may also be a tendency to say they understand the diagnosis even if they do not.

Respect is highly valued and shown in everyday communication. It is culturally unacceptable and disrespectful to assume familiarity between acquaintances too soon and to address others by their first names unless the person is a family member or well-established friend.

VIETNAMESE

END OF LIFE

In the event of death the oldest male child or the adult child with whom they are currently living will be the point of contact, then the second eldest male child or if there is only one male child then the eldest child.

The body is highly respected. Certain families may want to wash the body themselves; others might want it left as is. Spiritual/religious rite usually takes place in the room.

Some Vietnamese, mainly Buddhist ones, do not believe in organ donation. They believe in reincarnation and if they are missing a body part or an organ then they will live their next lives missing those parts. Immigrants of longer duration or those more acculturated may accept organ donations.

RELIGION & BELIEFS

Each family could be different. Vietnamese people are usually either Catholic or Buddhist, so either a priest a monk might need to be contacted.

They may want to set up an altar for their ancestors that may include incense and the family might dress them in traditional clothing.

Coining therapy (***Cao gio***) is a technique incorporated into the practice of Traditional Chinese Medicine (TCM). It is pronounced as "gow yaw" and better known in English as coining. Coining is widely practiced in particular by Southeast Asians, such as the Vietnamese, Thai, and Lao. Because coining leaves distinct physical marks, patients are sometimes incorrectly identified as victims of abuse. Due to concerns about abuse in many Western nations, this has led to unfortunate cultural confusions at times.

A coin is repeatedly rubbed against an area of the skin in long flowing moves which always move away from the heart. Blood begins to rise to the surface of the skin, and will leave a mark that resembles a bruise or

VIETNAMESE

love bite. The areas of the body that are most frequently treated are the back and ribs, and the marks will fade a few days after the treatment is over.

For Buddhist families, they prefer to have incense lit in the room and a monk present to start religious ritual. It is important to allow the family extra time with the deceased patient. They may also start crying loud and uncontrollably.

CULTURAL RELEVANCE

Family members may choose to hold back telling the patient everything with the fear that it will affect the patient. They feel the patient may fall into a depression and just "give up."

In formal setting, family name (last name) is mentioned first; however in casual conversation, prefer to be called by given name (first name) plus title (Mrs. plus first name).

They may open up to nurses and doctors on one to one basis. If the patient requests family presence, it is important to include them.

COMMUNICATION STYLE

The three major languages are Vietnamese, French and Chinese. Most Vietnamese people from the first group of immigrants can understand simple English and if the patient is unable to understand or read English, usually someone from the family will assist with translation.

The eldest male child will most likely be the main person with whom to communicate. In some cases a family member may be the "translator" but it doesn't mean they are the head of the household.

Gentle touch may be appropriate when having conversations. But the head may be considered sacred and feet profane; be careful in what order touched.

Respect is portrayed by slightly bowing head, by using both hands in giving something to another. Personal space is more distant than in Euro-Americans.

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Information in this directory was acquired through a number of interviews with our staff, the Hospice of Cincinnati Diversity Committee, civic and community leaders as well as the references listed below. We are grateful to those who offered to share their time and resources in helping us provide a directory that is meant to educate, guide and inform healthcare providers in creating personalized, positive and meaningful end-of-life experiences for our patients and those who love them.

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513-891-7700

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